## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001.

Application or Docket Number

8846300

| CLAIMS AS FILED - PART I (Column 1) (Column 2)               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                              |                               |                                      |             | SMALL ENTITY TYPE  |                        |    | OTHER THAN SMALL ENTITY |                    |     |
|--------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|-------------------------------|--------------------------------------|-------------|--------------------|------------------------|----|-------------------------|--------------------|-----|
| TOTAL CLAIMS                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \ 9            |                              |                               |                                      | Г           | RATE               | FEE                    | 1  | RATE                    | FEE                |     |
| FOR                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NUMBER FILED   |                              | NUMBER EXTRA                  |                                      | В           | ASIC FEE           | 370.00                 | OR | BASIC FEE               | 740.0              | ю   |
| TOTAL CHARGEABLE CLAIMS                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \ 0 minus 20=  |                              | • 0                           |                                      |             | X\$ 9=             |                        | OR | X\$18=                  |                    |     |
| INDEPENDENT CLAIMS                                           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2- minus 3 =   |                              | <u> </u>                      |                                      |             | X42=               |                        | OR | X84=                    |                    |     |
| MULTIPLE DEPENDENT CLAIM PRESENT                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                              |                               |                                      |             | +140=              | :                      | OR | +280=                   |                    |     |
| * If the difference in column 1 is less than zero, enter     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                              | r "0" in c                    | olumn 2                              | -           | TOTAL              |                        | OR | TOTAL                   | 574                | 0.9 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                              |                               |                                      |             | SMALL E            | NTITY                  | OR | OTHER<br>SMALL          |                    |     |
| AMENDMENT A                                                  |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | HIGH<br>NUM<br>PREVI<br>PAID | BER                           | PRESENT<br>EXTRA                     |             | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                    | TION<br>FEI        | IAL |
|                                                              | Total                                          | - 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Minus          | - 2                          | Ø                             | =                                    |             | X\$ 9=             | 1                      | OR | X\$18=                  |                    |     |
|                                                              | Independent                                    | . 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus          | ***                          | 3                             | -                                    |             | X43=               |                        | OR | X8 <b>6</b> =           |                    |     |
| Ľ                                                            | FIRST PRESE                                    | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ULTIPLE DEI    | PENDEN                       | TCLAIM                        |                                      |             | +149=              |                        | OR | +2 <b>6</b> 0=          |                    |     |
|                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                              |                               |                                      | <u>Γ</u>    | TOTAL<br>DIT. FEE  |                        | OR | TOTAL<br>ADDIT. FEE     |                    |     |
|                                                              |                                                | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | (Colu                        | mn 2)                         | (Column 3)                           | ,           |                    |                        |    |                         |                    |     |
| AMENDMENT B                                                  |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | NUM<br>PREVI                 | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA                     |             | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADD<br>TION<br>FEI | AL  |
|                                                              | Total                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus          | **                           |                               | =                                    |             | X\$ 9=             |                        | OR | X\$18=                  |                    |     |
|                                                              | Independent                                    | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus          | ***                          |                               |                                      | ļΓ          | X42=               |                        | OR | X84=                    |                    |     |
| L                                                            | FIRST PRESE                                    | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ULTIPLE DEI    | PENDEN                       | CLAIM                         |                                      | ,           | +140=              |                        | OR | +280=                   |                    |     |
|                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                              |                               |                                      | L           | TOTAL              |                        | OR | TOTAL<br>ADDIT. FEE     |                    |     |
|                                                              |                                                | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | (Colu                        | mn 2)                         | (Column 3)                           |             | DIT. FEE           |                        | •  | ADDIT. FEE              |                    |     |
| AMENDMENT C                                                  |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | HIGI<br>NUA<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA                     |             | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADO<br>TION<br>FE  | IAL |
|                                                              | Total                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Minus          | **                           |                               | =                                    | IJſ         | X\$ 9=             |                        | OR | X\$18=                  |                    |     |
|                                                              | Independent                                    | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus          | ***                          |                               | e.                                   | ] [         | X42=               |                        | OR | X84=                    |                    |     |
|                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                              |                               |                                      | 1           | +140=              |                        | OR | +280=                   |                    | _   |
|                                                              | If the "Highest Nu                             | umn 1 is less than tumber Previously Fumber Previously | Paid For IN TH | IIS SPACE<br>IIS SPACE       | is less that<br>is less that  | an 20, enter "20<br>an 3, enter "3." | L<br>).* A( | TOTAL<br>DOIT. FEE | oronriate h            | OR | TOTAL<br>ADDIT. FEE     |                    |     |